| i i i |
|-------|
| : === |
| i jë |
| |
| |
| :1 |
| mā. |
| |
| :E |
| |

| Please type a | plus sign (+) | inside this box | \rightarrow | Ŧ |
|---------------|---------------|-----------------|---------------|-----|
| | F () | | | , , |

DECLARATION FOR UTILITY OR

DESIGN

Francois Gruyer

59828264-3

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

| PATENT APPLICATION | | | COMPLETE IF KNOWN | | | |
|--|---|--|--|---------------------------------------|-----------------------------|--|
| (37 CFR 1.63) | | Application Nu | ımber | | | |
| Declaration Submitted OR with Initial | Declaration Submitted after Initial Filing (surcharge | Filing Date | | | | |
| | | al Group Art Unit | | | | |
| Filing | (37 ČFR 1.16 (e)) required) | Examiner Nan | 16 | | | |
| As a below named inventor, I h | erehy declare that: | | | | | |
| My residence, mailing address, a | | | | | | |
| | | • | | | | |
| I believe I am the original, first an names are listed below) of the su | d sole inventor (if only or bject matter which is clai | ne name is listed below, med and for which a pa |) or an original, fir: Itent is sought on | st and joint inve the invention er | ntor (if plural ntitled: | |
| names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR PROVIDING BEHAVIORAL INFORMATION OF A USER ACCESSING ON-LINE RESOURCES | | | | | | |
| the specification of which | (T | itle of the Invention) | | | | |
| is attached hereto | | | | | | |
| OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International | | | | | | |
| Application Number and was amended on (MM/DD/YYYY) (if applicable). | | | | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. | | | | | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | | py Attached? | |
| | | | | | | |
| | | | | |]00 | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | | | | | |
| Application Number(s) | | (MM/DD/YYYY) | | *** | | |
| | | | Additiona | al provisional ap | plication | |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below | | | | | | |
|---|-----------|--------------|----------------|-----------------|-------------------------------|--|
| Name Baker & McKenzie | | | | | | |
| Address 805 Third Avenue | | | | | | |
| Address 29th Floor | | | | 400 | | |
| City New York | | | State | NY | ZIP 10022 | |
| Country US | Telephone | (212) | 751 | -5700 | Fax (212) 759–9133 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | |
| NAME OF SOLE OR FIRST INVEN | ITOR: | | A petiti | on has been fil | ed for this unsigned inventor | |
| Given Name (first and middle [if any]) Francois Family Name or Surname Gruyer | | | | | | |
| Inventor's Signature | | • | | | Date Dec 8th 2000 | |
| Residence: City Saint-cloud | | State | | Country FR | Citizenship France | |
| Mailing Address 37 rue du val d'or | | | | | | |
| Mailing Address | | | | | | |
| City Saint-cloud S | tate | | ZIP 9 | 2210 | Country France | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | | |
| Given Name (first and middle [if any]) Pierre | | | Family or Surn | _ | is | |
| Inventor's Signature | 5 | | | | Dec 8th, 2000 | |
| Residence: City Paris | | State | | Country FR | Citizenship France | |
| Mailing Address 32 bis rue do cotentin | | | | | | |
| Mailing Address | <u></u> | | | | | |
| | tate | | ZIP | 75015 | Country France | |
| Additional inventors are being named or | | ntal Additio | | | | |